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24024 7590 06/24/2004

CALFEE HALTER & GRISWOLD, LLP
800 SUPERIOR AVENUE
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CLEVELAND, OH 44114

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(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/059,964	01/28/2002	Yasuko Rikihisa	22727/04109	8510

TITLE OF INVENTION: DIAGNOSIS OF EHRlichia CANIS AND EHRlichia CHAFFEENSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWARTZ, RODNEY P	1645	424-184100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Calfee, Halter & Griswold LLP

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

The Ohio State University Research Foundation Columbus, OH

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0172 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Samantha Rogers 9/22/04

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